| PATENT APP ATION FEE DETERMINATION REC                                   |  |   |   |                                   |                           |  |              |                    | Application or Docket Number |     |                  |                        |
|--|--|---|---|-----------------------------------|---------------------------|--|--------------|--------------------|------------------------------|-----|------------------|------------------------|
|  |  |   |   |                                   |                           |  |              |                    | 10/549,812                   |     |                  |                        |
| CLAIMS AS FILED - PART I   |  |   |   |                                   | -                         | (Column 2)                                   |              | SMALL ENT          | mY                           | OR  | OTHER<br>SMALL E | THAN                   |
| u.s  | . NATIONAL :                                   | STAGE FEES  |   |                                   | <u>`</u>                  |  | 1            | RATE               | FEE                          | 1   | RATE             |                        |
| BASIC FEE  |  |   | SMALLENT  | r. = \$ 150                       | LAR                       | GE ENT. = \$ 300                             |              | BASIC FEE          |                              | OR  |                  | FEE                    |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$ 100                       |                                   | All of                    | ther situations =                            |              | EXAM FEE           | <b> </b> -                   | 100 | -                | DY (SV                 |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                                   | All ot                    | ther situations = 5 250 / \$ 500             | <b> </b> -   | SEARCH FEE         |                              | 1   | SEARCH FEE       |                        |
| FEE FOR EXTRA SPEC. PGS.   |  |   | 1   | rus 100 =                         | <del> </del>              | /50 ∓  | -            | Y # 49E -          | <b></b>                      | 4   |                  | 40                     |
| TOTAL CHARGEABLE CLAIMS  |  |   | <del>                                     </del>                        | inus 20 =                         |                           | —— <del>—</del>                              |              |                    | ļ                            | .   | X \$ 250 =       |                        |
| INDEPENDENT CLAIMS   |  |   | 17-   | ninus 3 =                         | <u> </u>                  | +/)  | -            | X \$ 25 =          |                              | OR  | X \$ 50 =        | ļ                      |
| MULTIPLE DEPENDENT CLAIM PRI   |  |   | <u></u>   | Illius 3 -                        | <u>•</u>                  | 7  | -            | X \$ 100 =         |                              | OR  | X \$ 200 =       |                        |
|  | ·  |   |   |                                   |                           | <u>′                                    </u> |              | +\$ 180 =          |                              | OR  | + \$ 360 =       | (A.c.                  |
| * If the difference in column 1 is less than zero, enter "U" in column 2 |  |   |   |                                   |                           |  |              | TOTAL              |                              | OR  | TOTAL            | 700                    |
| CLAIMS AS AMENDED - PART II  (Golumn 1) (Column 2) (Column 3)            |  |   |   |                                   |                           |  | _            | SMALL E            | NTITY .                      | OR  | OTHER<br>SMALL E |                        |
| INT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |   | HIGHE<br>NUME<br>PREVIO<br>PAID I | BER<br>DUSLY              | PRESENT<br>EXTRA                             |              | RATE               | ADDI-<br>TIONAL<br>FEE       | ·   | RATE             | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  |   | Minus   | **                                |                           | =  |              | X\$25=             |                              | OR. | X \$ 50 =        |                        |
| AME  | Independent                                    | •   | Minus   | in                                |                           | 3  |              | X \$ 100 =         |                              | OR  | X \$ 200 =       | •                      |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT OF    |   |   |                                   | MIALC                     |  |              | + \$ 180 =         |                              | OR  | + \$ 360 =       |                        |
|  |  |   |   |                                   |                           |  |              | OTAL ADOIT.<br>FEE |                              | OR  | TOTAL ADDIT.     |                        |
| (Column 1) (Column 2) (Column 3)  CLAMS HIGHEST                          |  |   |   |                                   |                           |  |              |                    |                              |     |                  |                        |
| AMENDMENT B  |  | AFTER<br>AMENDMENT  |   | PREVIO<br>PAID I                  | DUSLY                     | PRESENT<br>EXTRA                             | L            | RATE               | TIONAL<br>FEE                |     | RATE             | TIONAL<br>FEE          |
| MON  | Total  | *   | Minus   | ļ                                 |                           | =  |              | X \$ 25 =          |                              | OR  | X \$ 50 =        | ·                      |
| AME  | Independent                                    | <u> </u>  | Minus   | <u> </u>                          |                           | =  |              | X \$ 100 =         |                              | OR  | X \$ 200 =       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                   |                           |  |              | +\$ 180 =          |                              | OR  | +\$360=          |                        |
|  | • • • •  |   | Ť   | OTAL ADDIT.<br>FEE                |                           | OR   | TOTAL ADDIT. |                    |                              |     |                  |                        |
|  |  |   | •   |                                   |                           |  |              |                    |                              |     |                  |                        |
| 44+  | If the "Highest Nu<br>"If the "Highest Nu      | umn 1 is less than the<br>umber Previously Pai<br>umber Previously Paid<br>mber Prevlously Paid | iid For" IN THIS SI<br>IId For" IN THIS SI                              | SPACE is less                     | s than '20'<br>s than '3' | 0', enter "20".                              | In the       | appropriate box    | th column 1.                 | _   |                  |                        |